



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7501

SERIAL NUMBER 10/661,165	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 543312000420
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS
 Ravinder S. Dhallan, Bethesda, MD;

**** CONTINUING DATA *******
 This application is a CIP of PCT/US03/06198 02/28/2003 which claims benefit of 60/378,354 05/08/2002 and is a CIP of 10/093,618 03/11/2002 PAT 6,977,162 which claims benefit of 60/360,232 03/01/2002
 This application 10/661,165 is a CIP of PCT/US03/27308 08/29/2003 and is a CIP of 10/376,770 02/28/2003 PAT 7,208,274 which claims benefit of 60/378,354 05/08/2002 and is a CIP of 10/093,618 03/11/2002 PAT 6,977,162 which claims benefit of 60/360,232 03/01/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/05/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 33	TOTAL CLAIMS 180	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <div style="display: flex; align-items: center;"> <div style="flex: 1;"> Allowance <i>[Signature]</i> Examiner's Signature </div> <div style="flex: 1;"> Initials _____ </div> </div>				

ADDRESS
 25226

TITLE
 Methods for detection of genetic disorders

FILING FEE RECEIVED 3676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit